

PATIENT

Omally Cranmer

SPECIES

Canine

BREED

Belgian Malinois

SEX

Neutered Male

AGE

5 Years

WEIGHT

71.2 Pounds

INTERPRETED BY

Greg Kuhlman, DVM,
DACVIM (SAIM)

IMAGING PERFORMED BY

Loetitia Saint-Jacques,
LVT

HOSPITAL NAME

MountainView AH

REFERRING VET

Sarah Kalivoda, DVM

INVOICE

37275

DATE

5/29/26

PRESENTING CLINICAL SIGNS

History: Per owner, recent history of dribbling urine at home. On general wellness blood panel, mild red blood cells (2-5 HPC) seen during mid catch free catch urine sample. Otherwise, urine was normal with 1050 USG, no bacteria, no cast, no crystals, 0.0 UPC. Also, completely normal comprehensive blood panel that include fecal, HW test, chem 27, cbc, and T4. In addition, on physical exam, a subjectively enlarged prostate was felt on rectal. Non painful. Patient was neutered at 6 months of age. FYI: Owner is very concerned because she has had a dog with prostate cancer before and wants to catch anything wrong quickly.

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The bladder is moderately distended with anechoic urine. No uroliths are seen. The bladder wall is normal in appearance and thickness. No masses are seen.

Prostate appears normal, measuring 1.3 cm in width, with symmetrical uniform echogenicity. This is normal for a male dog neutered 6 months ago.

The right kidney presents normal size with normal shape and architecture. Normal corticomedullary distinction. No pyelectasia, ureteral dilation or nephrolithiasis. The right kidney measured 6.5 cm in length.

The left kidney presents normal size with normal shape and architecture. Normal corticomedullary distinction. No pyelectasia, ureteral dilation or nephrolithiasis. The left kidney measured 5.9 cm in length.

Adrenal Glands

The right adrenal gland presents normal shape and homogenous parenchyma. The phrenic vasculature is unremarkable. The cranial pole measures 6.2 mm and the caudal pole measures 5.0 mm.

The left adrenal gland presents normal shape and homogenous parenchyma. The phrenic vasculature is unremarkable. The cranial pole measures 4.9 mm and the caudal pole measures 7.2 mm.

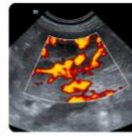
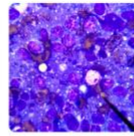
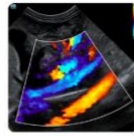
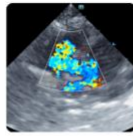
Spleen

The spleen is normal in size, shape, margination and echogenicity. No masses are seen.

Liver

The liver presents normal size and shape with smooth lobar margins. The parenchyma has normal echogenicity with normal echotexture. No focal lesions are seen. Intrahepatic bile ducts are normal. Normal vascular pattern.

Gallbladder is moderately distended with anechoic bile as well as suspended and gravity dependent echogenic debris. The wall is smooth without visible thickening. There is no evidence of cystic or CBD dilation. There is no evidence of effusion or inflammation. This is a mild change, appears clinically incidental.



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Gastrointestinal

The stomach and intestines have normal wall layering and thickness. Colon contains normal contents with normal wall thickness.

Pancreas

The visible pancreas is normal in size with normal echogenic parenchyma and surrounded by normal peri-pancreatic mesentery.

Free Abdomen

The right medial iliac lymph node is mildly prominent in size (5.3 mm in width) with swollen capsular contour. Normal elongated shape (length to width ratio) is maintained. There is no loss of parenchymal detail. This is unlikely to be prominent due to neoplasia.

The left medial iliac lymph node is mildly prominent in size (4.8 mm in width) with swollen capsular contour. Normal elongated shape (length to width ratio) is maintained. There is no loss of parenchymal detail. This is unlikely to be prominent due to neoplasia.

Mildly prominent abdominal lymph nodes were noted, measuring 5.0 mm in width and 4.3 mm in width. These appear reactive and unlikely to be neoplastic.

No free abdominal fluid is seen.

Other

A cardiac image was provided; no pericardial effusion or right auricular mass were seen.

ULTRASONOGRAPHIC FINDINGS

- Mild gallbladder debris
- Reactive left and right medial iliac lymph nodes
- Reactive abdominal lymph nodes

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

No cause for the patient's urinary incontinence is seen. No evidence of prosthetic disease is evident. If not already attempted, recommend starting Proin as a trial for 2 weeks. If effective in treating incontinence, continue long term. If not effective in treating incontinence, consider referring for a cystoscopy.

Imaging performed by



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pawsonography@gmail.com
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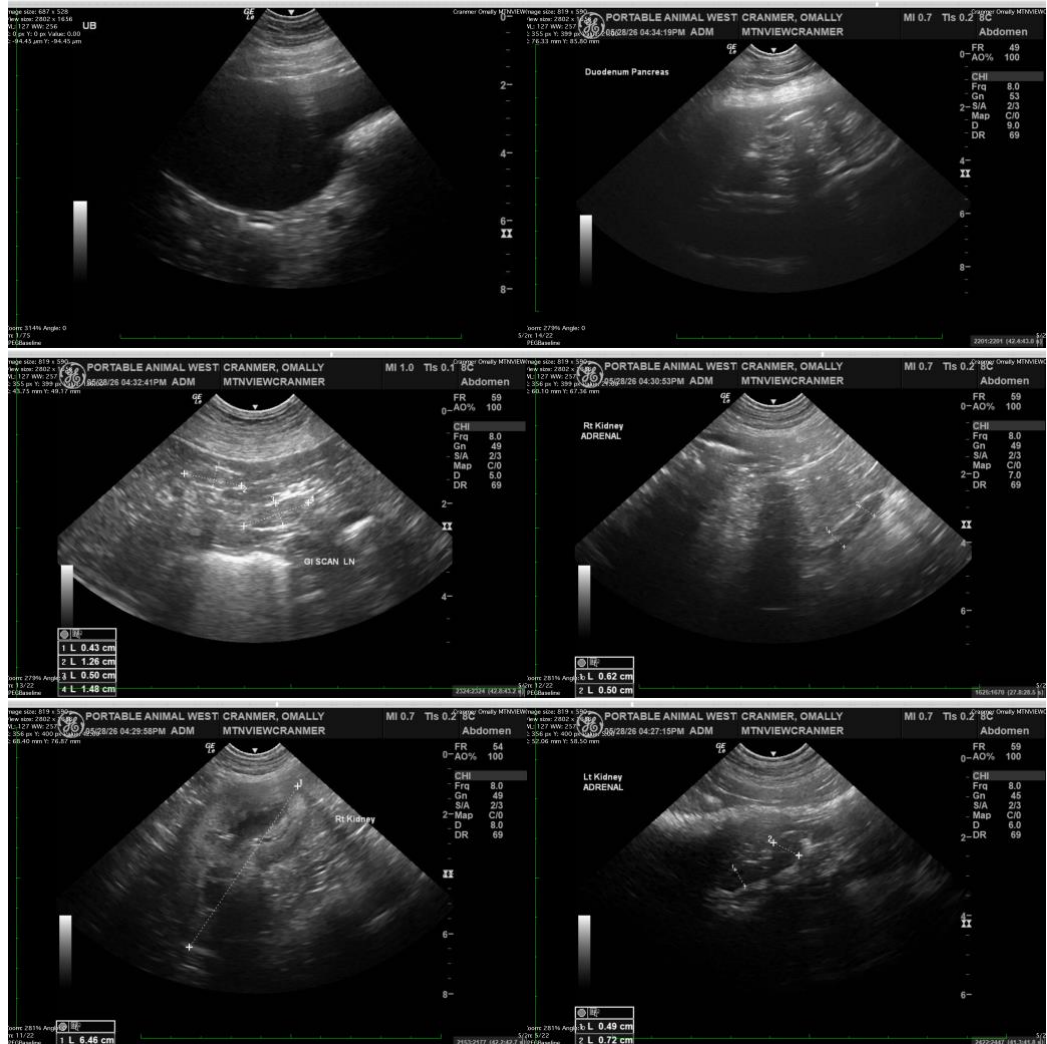
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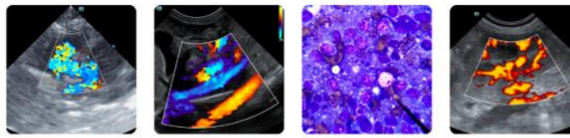
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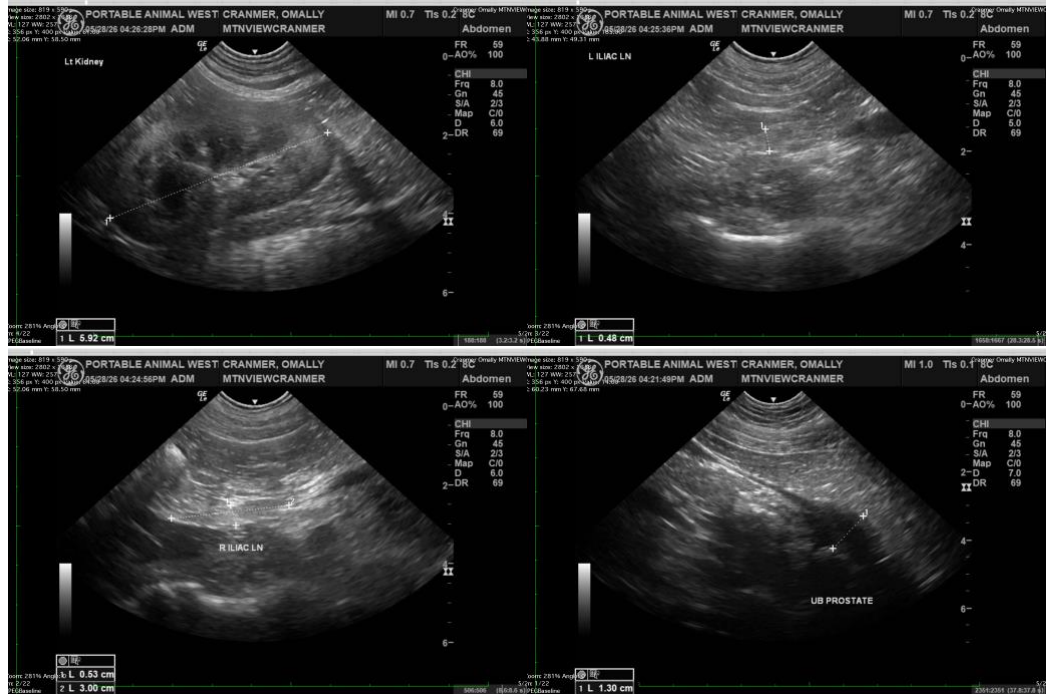
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

Thank you for this referral. If the clinical or image interpretation does not parallel your findings or if I can be of any further assistance please contact me.

Greg Kuhlman, DVM, DACVIM (SAIM)

Veterinary Internal Medicine Specialist

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